



MAIL ORDER AUTHORITY

If you wish the amount payable to be debited to your bankcard, Mastercard or Visa card Account, please complete this Authority.

Please tick the relevant box: **Bankcard** **Mastercard** **Visacard**

Account No. **Expiry Date:**/.....

Cardholders Name Mr/Mrs/Miss:

Policy No.

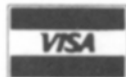
Address

Amount

..... \$

Card Holder's
Signature

Date
/ /



Authorisation No:

Please return this Authority with your Proposal or Renewal Notice.